Doors of Hope Geauga Referral

Doors of Hope Geauga offers services to all Geauga families that present as homeless. Families of any composition are eligible, but they must include at least one child under the age of 18. The organization believes strongly that its services are best delivered in a shared living facility with common areas conducive to developing a sense of community and support. Families will have a private bedroom but will share a communal living space (ex: shared bathrooms, living area, and kitchen) and basic accommodations (ex: food, laundry, children’s toys). To that end, the agency offers families shelter that is secure, clean, and provides space for families to grow in all aspects of family life.

Please email the completed form to MichelleM@dohgeauga.org or call 440.321.7984 for additional information regarding the referral process.

1. Name of head of household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: [ ]  Male [ ]  Female [ ]  Gender other than singularly male/female

 [ ]  Transgender [ ]  Decline to answer

Race: [ ]  American Indian, Alaskan native, or Indigenous [ ]  Black, African American

 [ ]  Native Hawaiian Pacific Islander [ ]  White [ ]  Asian [ ]  Decline to answer

Ethnicity: [ ]  Hispanic, Latina (o) (x) [ ]  Non-Hispanic, Latina (o) (x) [ ]  Decline to answer

1. List any minor children currently in your care (under the age of 18):

Name: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Name: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

1. List any minor children that you may be in the process of reuniting with:

Name: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Name: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

1. Including yourself, please provide the following information for those in your household that

are 18 or older: (Information is collected for the purpose of a background check)

Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other/Former Names: \_\_\_\_\_\_\_\_\_\_\_\_

Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other/Former Names: \_\_\_\_\_\_\_\_\_\_\_\_

Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other/Former Names: \_\_\_\_\_\_\_\_\_\_\_\_

1. Do you intend to move into permanent housing as a family with other adult(s) listed above?

[ ] Yes [ ] No

1. Primary language: [ ]  English [ ]  Spanish [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is anyone in the family currently pregnant? [ ] Yes [ ] No Approx Due Date: \_\_\_\_\_\_\_\_\_\_\_\_
3. Have you or anyone in your family been convicted of any criminal offenses within the past 10 years? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you or anyone in your family currently experiencing a health or physical safety emergency? (mark “yes” to physical safety emergency if you are actively fleeing a domestic violence situation)

Health Emergency [ ] Yes [ ] No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Safety Emergency [ ] Yes [ ] No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently residing in Geauga County? [ ] Yes [ ] No

If yes, what city? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where did you stay last night?

[ ]  In our apartment/house [ ]  In someone else’s apartment/house

 [ ]  In a hotel we pay for ourselves [ ]  In a hotel paid for by an agency/charity

 [ ]  In a shelter or transitional Housing [ ]  In a residential garage, barn, or shed

 [ ]  In a car, recreational vehicle, trailer [ ]  Outdoors in a park, in a tent, etc.

 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does anyone in your family have a disability or mobility issues? [ ] Yes [ ] No

Please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do they require a wheelchair or walker? [ ] Yes [ ] No

1. Are you able to take medications independently, as prescribed? [ ] Yes [ ] No

Do you need assistance managing your medications? [ ] Yes [ ] No

1. What is your primary phone #? ( ) - Alternate phone #? ( ) -

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have immediate access to your email? [ ] Yes [ ] No

1. What is the best time to reach you? [ ]  8-11am [ ]  11-2pm [ ]  2-5pm [ ]  Other: \_\_\_\_\_\_\_\_

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